



WILDLIFE RESCUE SOUTH COAST

CARER'S SHEET

CARER NAME

ANIMAL No.	
SPECIES	
SEX	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown
EST. AGE	
WEIGHT	
BAND #	

EVENT / RESCUE DETAILS		
DATE		TIME:
CAUSE		
STREET	No.	Name
SUBURB		
PHONE		

DATE / TIME ORIGINALLY FOUND (If Different from date rescued)
INJURY / DISEASE.....
TRANSFERRED FROM.....
ASSESSED BY VETERINARIAN: Y <input type="checkbox"/> N <input type="checkbox"/>

OBSERVATION CHECKLIST: NOTE WOUNDS, INJURIES, ABNORMALITIES*

HEAD	CHEST	ABDOMEN
BACK	BEAK / MOUTH	NECK / CROP
EYES	R <input type="checkbox"/> L <input type="checkbox"/>	
WINGS / FRONT LEGS	R <input type="checkbox"/> L <input type="checkbox"/>	
(HIND) LEGS	R <input type="checkbox"/> L <input type="checkbox"/>	
TAIL	FEATHERS/FUR	THIN
BLEEDING	FAECES	ALERT
COLD	DEHYDRATED	BREATHING
MOBILITY	ABNORMAL BEHAVIOUR	PARASITES
<p>*CODES: <i>G = Good</i> <i>I = Injury/wound</i> <i>M = Maggot</i> <i>N/O = Not Observed</i> <i>P = Poor</i> <i>S = Infected</i> <i>T = Tick/Parasite</i> <i>U = Unknown</i></p>		
NOTES / DETAILS.....		

FINAL DISPOSITION / FATE DATE

HARD RELEASE <input type="checkbox"/> SOFT RELEASE <input type="checkbox"/> TRANSFER <input type="checkbox"/> DEATH <input type="checkbox"/> EUTHANASIA <input type="checkbox"/> NECROPSY <input type="checkbox"/>
DETAILS (<i>Release site, or transferred to, or results of necropsy</i>).....

*NOTE: ALL ANIMAL TRANSFERS MUST BE APPROVED BY THE APPROPRIATE COORDINATORS.
IF AN ANIMAL IS TRANSFERRED, COPIES OF PAPERWORK MUST ACCOMPANY THE ANIMAL*

